MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. ●

FILING DATE

APPLICANT(S) 10/569583

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2	/							52						
3	/							53						
4		/						54						
5		/						55						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	17							TOTAL DEP.						
TOTAL CLAIMS	20							TOTAL CLAIMS						

PTO - 1360 (REV. 11/80)